

An Overview of State Health Benefit Plan for New Enrollees for 2012

Overview

The State Health Benefit Plan (SHBP) is the division of the Georgia Department of Community Health (DCH) responsible for the administration of the health insurance offered to state employees, teachers and school personnel as well as certain contract groups.

SHBP offers new enrollees the opportunity to choose between two consumer-driven health plan options: the Standard Health Reimbursement Arrangement (HRA) and the Standard High Deductible Health Plan (HDHP) both offered by Cigna and UnitedHealthcare (UHC).



Standard Health Reimbursement Arrangement (HRA)

Benefits include:

- Low premiums
- 100% unlimited wellness benefit for each covered member based on national age and gender guidelines when seeing an in-network provider. This benefit does not reduce your HRA account
- SHBP contributes dollars to your HRA for medical and pharmacy expenses
- Once the HRA dollar credits are exhausted, the member is responsible for a deductible
- Once the deductible has been satisfied, eligible charges are payable at 85 percent of the in-network contracted amount and 60 percent of the usual and customary out-of-network rate
- Any unused HRA dollars roll over to the next Plan Year if you keep HRA coverage
- Access to a national network of physicians, facilities and other health care professionals
- Ability to see specialists without a referral
- Selection of a primary care physician is not required
- Prescription drugs have a 3-tier structure with a minimum and maximum co-insurance
- Co-insurance paid for prescription drugs does not apply toward the deductible or out-of-pocket limits

UnitedHealthcare members will receive a separate Pharmacy Health care Spending Card (PHCSC) to access their HRA credits for prescription drugs.

* **Note:** You may use your HRA dollars to pay for prescription drugs but these dollars will not apply to the deductible or out-of-pocket limits.

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How the HRA Works (Member-only Coverage Shown)

- 100% coverage after \$2,625 out-of-pocket
- SHBP pays 85% In-Network; 60% Out-of-Network
- \$925 Member Responsibility*
- \$375 Health Reimbursement Account - funded by SHBP

Preventive Care
100% Paid

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The Standard High Deductible Health Plan (HDHP)

The Standard HDHP provides in-network and out-of-network benefits for covered services. It has higher annual deductibles and out-of-pocket maximums than the other SHBP health care plans in return for lower premiums.

Benefits include:

- Access to a national network of physicians, facilities and other health care professionals
- Ability to see specialists without a referral
- Selection of a primary care physician is not required
- Ability to use both in- and out-of-network providers
- Out-of-pocket maximum limit for expenses the member pays
- Ability to contribute to a Health Savings Account (HSA)
- 100% unlimited wellness benefit for each covered member based on national age and gender guidelines when seeing an in-network provider

Note: The entire deductible must be satisfied before benefits are paid for any covered dependent (Family = you + spouse + children.)

What is a Health Savings Account (HSA)?

Members participating in the High Deductible Health Plan may also participate in an HSA. An HSA allows members to set aside tax-exempt funds for future medical expenses. Many HSA accounts offer investment options and are portable. Unused funds roll over from year to year, are owned by the member and can be taken into retirement.

Other Important Information

• SHBP Tobacco and Spousal Surcharges

SHBP charges tobacco and spousal surcharges. A \$50 monthly spousal surcharge applies to any member whose spouse is eligible for health coverage through his/her employer but elects not to take the coverage. An \$80 tobacco surcharge applies to any member who uses and/or one of his/her dependents uses tobacco products or have used tobacco products within the last 60 days. This surcharge is designed to encourage tobacco users to adopt a healthier lifestyle. Members can have the tobacco surcharge removed by taking their vendor's online health assessment and completing their telephonic tobacco health coaching program.

• SHBP Annual Open Enrollment Period

SHBP offers an annual open enrollment period each year in the fall and members are able to select from the Standard consumer-driven health options and the Health Maintenance Organizations (HMO) offered by Cigna and UHC, as well as new Wellness Options, during this period.

• SHBP Qualifying Events

If members have a qualifying event, they may be able to make changes for themselves and their dependents, provided they request the change prior to or within 31 days after the qualifying event (90 days to add newborn). Also, the requested change must correspond to the qualifying event. For a complete description of qualifying events, members should contact the Eligibility Unit at **800-610-1863** or refer to their Summary Plan Description (SPD).

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- If you decline coverage when you first become eligible, your options will be limited to the Standard HRA and Standard HDHP should you enroll at a future time, or if you drop out of the plan and re-enroll at a later date. Please refer to the SPD for more details
- If you terminate employment and are re-hired by any employer eligible for the SHBP during the same PlanYear, you must enroll in the same Plan option and tier (even if there is a gap in coverage), provided you are eligible for that option and have not had a qualifying event since coverage ended
- If the termination is in one year and you are hired in the following year, with a gap in coverage, you are restricted to the Standard HRA and Standard HDHP with the new employer

These are a partial listing of benefits. See the 2012 Health Plan Decision Guide or Summary Plan Descriptions available at **www.dch.ga.gov/shbp**.

Disclaimer: This material is for informational purposes. It is intended only to highlight principal benefits.